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ABSTRACT

Traditionally, the medical field has researched the physical components of health but neglected interpersonal, social factors such as the quality of supportive relationships. To communicate the critical importance of social support to health maintenance, and to stimulate community activities which connect people and provide opportunities to enhance personal relationships in everyday life, a statewide mental health promotion initiative was undertaken in California. The program utilized educational materials, localized responsibility for community education (with an emphasis on the community's "ownership" of the campaign), and mass media to disseminate its message over a 1-month period. Evaluation of the program showed increased agreement with the message, improved attitudes toward friendship, and intentions to become involved with friends. Additional information in this program description includes: (1) the educational resource materials used; (2) the rationale and procedures for planning and implementing a statewide campaign; (3) a listing of the public mass media participants and their time and financial contributions; and (4) a listing of private sector contributors. (BL)

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FRIENDS CAN BE GOOD MEDICINE: EDUCATING THE COMMUNITY ABOUT SOCIAL SUPPORT AND HEALTH

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Presented at the annual conference of the
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Introduction

FRIENDS CAN BE GOOD MEDICINE was the first statewide mental health promotion initiative in the nation. Sponsored by the California Department of Mental Health (through its Mental Health Promotion Branch), it utilized both the mass media and community education to communicate the role of supportive personal relationships as a critical determinant of mental and physical health. Far West Laboratory for Educational Research and Development planned and implemented the program throughout the state of California during 1981-82. Impact of the program on the general public was evaluated by an independent contractor.

The Mental Health Promotion Branch, founded in 1978, was established within the Department of Mental Health to "develop a statewide mental health prevention program directed toward a reduction in the need for utilization of the treatment system and the development and strengthening of community support and self-help networks." The Branch chose to focus its first major mental health promotion effort on the relationship between social support and health for two reasons. First, there was compelling medical research evidence that people with supportive relationships tend to live longer and healthier lives. Second, this important health fact had been generally overlooked in health promotion programs.

Traditionally, the medical field has researched the physical components of health but neglected interpersonal, social factors. Consequently, the importance of one's lifestyle such as adequate rest, diet, exercise and the cessation of smoking in health maintenance has become increasingly well-known to the public. What has been relatively overlooked is the fact that lifestyle accounts for approximately 50% of our health status. The quality

of relationships is one of the most important factors in a person's lifestyle, a factor which has only recently been systematically documented by medical research. (See Figure 1.)

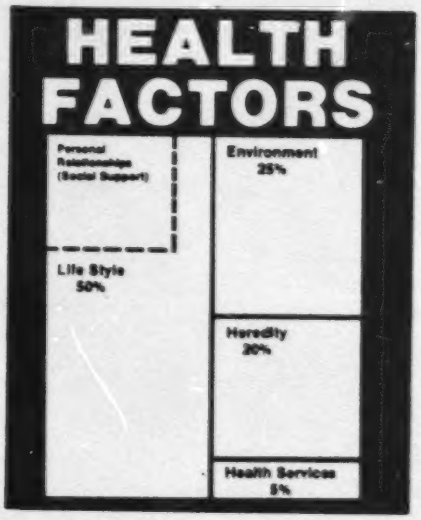

Figure 1.

Therefore, FRIENDS CAN BE GOOD MEDICINE was designed to communicate to individuals and communities the critical importance of social support to health maintenance, and to stimulate community activities which connect people and provide opportunities to enhance personal relationships in everyday life. It also created opportunities for the consideration of the dynamics of health-destroying relationships.

To accomplish these objectives, Far West Laboratory conducted a two-phase implementation effort, beginning with a pilot in six counties in the San Joaquin Valley in the fall of 1981, and progressing to a statewide program in May, 1982.

This paper will summarize the social support and public communication campaign literatures on which the FRIENDS program was based and will discuss the effectiveness of mass media and community education activities for communicating the program's health message.

Background

Social Support

FRIENDS CAN BE GOOD MEDICINE found its genesis in over a decade of medical research about the role of social support in protecting health. This section briefly summarizes the social support literature. A more in-depth review may be found in Appendix A.

Social support is "a voluntary, interpersonal exchange of resources between or among people. These resources can be tangible or intangible... in short, it's what people do with and for each other." (Taylor, 1982) The notion of reciprocity or mutual help should be emphasized for social support to function in a healthy way.

Research on social support can be grouped in four categories: (1) comparative health statistics, (2) social support and stress, (3) epidemiological studies, and (4) psychosomatic studies.

Comparative health statistics. Many recent studies support the idea that there are psychological and sociological as well as physical factors that influence a person's vulnerability to disease and death. Investigators have consistently found that people who are connected with others--both women and men--live longer than single people in every age and ethnic/racial group, and across all diseases.

For example, a study published in 1970 by Carter and Glick used data from the National Center for Health Statistics on all deaths in the United States between 1959-71. They showed that deaths for people aged 15-64 ("premature deaths") in women and men, white and non-white who were single, divorced or widowed were significantly higher than for married men and women. In the same study, Carter and Glick reported that differential rates of mental hospitalization for single versus married women and men showed the same pattern.

Social support and stress. Much of the research on social support centers on the buffering role it seems to play with stress. Close, confiding personal relationships have been found to reduce or buffer the stress connected with major life-change events, both positive and negative, as well as with the cumulative effect of daily hassles. Most studies confirm that the quality of relationships is more important in this respect than the number of relationships a person has.

Many researchers have found, for example, that lack of support in the presence of stressful life events is related to depression, negative morale, and symptoms of mental illness. (Schaefer, Coyne and Lazarus, 1982; Lin et al., 1979) In one study, women who experienced severe life events and did not have a confidant were ten times more likely to be depressed than women with the same level of stressful life events but who had a confidant. (Brown et al., 1975)

Epidemiological studies. Several naturalistic epidemiological studies examine the relationship of social structure and culture to morbidity and mortality. Consensus among these studies is that social ties and identification with a stable and secure social structure have a remarkable influence on the incidence of heart disease, illness and death.

The most interesting of these studies was a twenty-year record of the town of Roseto, Pennsylvania. (Wolf and Goodell, 1976) Twenty years ago, residents of Roseto had one-third the incidence of heart disease as surrounding communities, and admission to mental hospitals was less than half that of surrounding communities. Except in one respect, lifestyle factors--such as diet, smoking, exercise, rest--were the same for Roseto residents as for surrounding communities. The major difference was the stability of the community and the family structure; Rosetoans were largely Italian and

families formed clans through intermarriage. In the 1960's, Roseto lifestyle began to shift toward the mainstream of American life (i.e., competition for status and possessions, divorce, etc.). Beginning in 1966, there was an increase in the death rate from heart attack, and by 1975 Roseto's heart attack rate matched that of neighboring communities. The presence or absence of close, supportive family and community ties seems to have made the difference in the health of Rosetoans.

Psychosomatic studies. Many researchers have studied the relationship between mental attitude and vulnerability to disease. Some factors related to longevity include feelings of control over one's life or environment, positive expectations, and a general sense of direction or purpose to one's life. Some researchers believe that social support promotes these feelings of coherence, control, and overall positivity.

The hypothesis that individuals who feel they have some control over their environment fare better physically than those who are dependent on others and have no responsibilities was tested with nursing home residents. (Langer and Rodin, 1976) Residents were matched for socioeconomic level, physical and psychological health status and divided into two groups. Individuals in one group were given a plant and made responsible for its care. Those in the other group were given a plant and told it would be cared for by the nursing staff. Eighteen months later, the "responsibility enhanced" group showed a mortality rate that was half that of the control group.

The complexities of social support and its role in our lives is reflected in the educational materials produced for the FRIENDS program. These are described later in this paper. We turn now to a review of the public communication campaign literature which provided guidance and insight to the planning of the FRIENDS program.

Public Communication Campaigns

As early as 1721 when Cotton Mather sought to persuade the citizens of Boston to accept innoculation against small pox, Americans have sought to improve the quality of their social and physical lives through persuasion and public communication campaigns. Indeed, so pronounced has been this tendency that, in 1835, Alexis de Tocqueville wrote that the American doctrines of equality and perfectability, the pursuit of practical goals, and a "taste for physical well-being" led to "the extreme skill with which the inhabitants of the United States succeed in proposing a common object to the exertions of a great many men, and in getting them to voluntarily pursue it."

Paisley (1981), in his historical review of American public communication campaigns, suggests that such campaigns have typically focused on one of three types of strategies: enforcement, engineering or education. For example, the 55 mile per hour speed limit can be enforced and citizens thereby induced to change their driving behavior. During the Seventies, a large number of social change efforts relied on engineering strategies, i.e., the development of solar energy devices to help solve the nation's energy crisis. Far more difficult -- and yet more common -- have been campaigns which rely on educational strategies in which individuals are persuaded to change their behavior for some long-term and/or collective good.

Despite de Tocqueville's observation, American public communication campaigns relying on educational strategies have not always succeeded as well as their planners may have hoped. Hyman and Sheatsley in their 1947 article, "Some Reasons Why Information Campaigns Fail," noted the extremely large proportion of "know-nothings" about any given issue in the general population. While the proportion of know-nothings varies according to the

issue in question, a large number of American citizens remain hard-core know-nothings on virtually every public issue.

Diffusion of information. Research on information flow and acquisition (Robinson, 1973; Schramm and Wade, 1967; Tichenor, Donohue and Olien, 1970) suggests that the best predictor of information acquisition is education, a variable positively correlated with socio-economic status. Tichenor and his colleagues proposed a "knowledge-gap hypothesis" to explain why the poor are less likely to be informed on any given issue than the more affluent. They suggest that information flows through society over time and that most information campaigns stop at the point where the first level of impact has been made, usually among the better educated. Programs that continue in time are more likely to close this knowledge gap, as Butler-Paisley discovered in her 1975 study of communication campaigns dealing with cancer information.

This research evidence on the impact of time on knowledge acquisition -- and hence the success of any information campaign reaching its audience -- is consistent with the research findings on the diffusion of innovations. Rogers and Shoemaker (1971) point out that the adoption of innovations -- or new behaviors -- is a multi-stage process that includes acquisition of information about a new product or behavior, persuasion to adopt the behavior, and trial adoption before commitment to the innovation or innovative behavior is made. Their research suggests that the awareness-knowledge rate for an innovation is more rapid than its rate of adoption; that innovations which are relatively simple are more rapidly adopted; and that different types of individuals adopt innovations at different rates, i.e., there are different personality types which are more likely than others to try out new experiences.

Knowledge about health information in particular is more likely to be found among women. Schramm and Wade (1967), in a re-analysis of major public opinion surveys, found that most individuals had a low level of specific information about health but that women at all socioeconomic levels were more likely than men to be knowledgeable about health. Schramm and Wade attribute this finding to the traditional female role of protecting and nurturing the family.

Experience with public communication planning enabled Mendelsohn, by 1973, to describe "Some Reasons Why Information Campaigns Can Succeed." He suggested that there are three characteristics around which public communication campaigns should be planned to achieve success:

1. If they are planned around the assumption that most of the publics to which they will be addressed will be either only mildly interested or not at all interested in what is communicated.

2. If middle-range goals which can be reasonably achieved as a consequence of exposure are set as specific objectives. Frequently, it is equally important either to set up or to utilize environmental support systems to help sheer information-giving become effective in influencing behavior.

3. If, after middle-range objectives are set, careful consideration is given to delineating specific targets in terms of their demographic and psychological attributes, their lifestyles, value and belief systems, and mass media habits. Here, it is important not only to determine the scope of prior indifference but to uncover its roots as well.

Role of the mass media. Cartwright, in his classic 1949 study of why people bought U.S. Savings Bonds during World War II, suggested that three levels of change are required to persuade the public. First, people's cognitive structure must be changed, i.e, their level of information. Secondly, their motivational structures must be changed, i.e., what they want to do. And finally, their "action structure," i.e., what they actually do, must be changed.

Cartwright implied in this formulation that the media alone were relatively ineffective in achieving motivational change unless supported by direct interpersonal intervention. They are, instead, primarily useful in the earlier stages of a public communication campaign to spread information about the need for change. Rogers and Shoemaker (1971) describe the differences between mass media and interpersonal channels of communication. Mass media have been shown 1) to reach a large audience rapidly; 2) to create knowledge and spread information; and 3) to lead to changes in weakly-held attitudes. Interpersonal channels that involve a face-to-face exchange between two or more individuals, in contrast, 1) allow a two-way exchange of ideas which may permit them to overcome the social and psychological barriers of selective exposure, perception and retention; and 2) persuade receiving individuals to form or change strongly-held attitudes.

Table 1

Characteristics	Interpersonal Channels	Mass Media Channels
Message flow	Tends to be two-way	Tends to be one-way
Communication context	Face-to-face	Interposed
Amount of feedback readily available	High	Low
Ability to overcome selective processes (primarily selective exposure)	High	Low
Speed to large audiences	Relatively slow	Relatively rapid
Possible effect	Attitude formation and change	Knowledge change

Rogers, E. and Shoemaker, F. Communication of Innovations, New York: The Free Press, 1971, page 253.

Based on his experience with three public communication campaigns (for the National Safety Council which culminated in the CBS National Drivers' Test; with an alcohol and driving campaign based on "A Snort History"; and with a campaign to overcome social isolation of Mexican-Americans in Los Angeles), Mendelsohn (1973) concurred with Cartwright's conclusion:

> By themselves, the media are relatively powerless in effecting changes of consequence, primarily because there is considerable resistance among various publics against being moved away from their comfortable indifference to many public issues. The major task facing the communicator under such circumstances is to recognize, understand, and attempt to overcome much of this given "apathy."

Unfortunately, most public communication campaigns ignore these findings and concentrate their energies solely on mass mediated messages, thereby missing the opportunities present to change the "action structure" of the audience. How can this be accomplished?

A model for personal behavior change. People quite often are aware that they should change their behavior, they want to change their behavior ... but they don't know how. As noted above, interpersonal channels--used in conjunction with mass media--are more likely to be effective in achieving change than the media alone. Albert Bandura's work on social learning and modeling suggests that behavior can be learned by imitating a model who performs specific new acts and the selective reinforcement of those actions. The objective is ultimately to be able to reinforce the new behavior oneself. A five-part process is proposed: 1) analyzing of the present behavior; 2) modeling of the new behavior; 3) practice of the new behavior; 4) reinforcement of the new behavior; and 5) maintenance of the new behavior.

The modeling approach suggested by Bandura can be built into the design of media messages; however, the relative powerlessness of the media coupled with the relatively greater effectiveness of interpersonal channels, suggests that successful public communication campaigns need to have an interpersonal education component built into their design.

Implications for the FRIENDS CAN BE GOOD MEDICINE campaign. The research reviewed here had clear implications for the design and conduct of the proposed FRIENDS CAN BE GOOD MEDICINE campaign. These implications were as follows.

First, we expected a large proportion of know-nothings in the population on the topic of social support and wellness, both initially and at the end of the campaign. Therefore, reasonable goals had to be set with the California Department of Mental Health to judge the outcome of the campaign.

Second, the campaign could not rely solely on the mass media to achieve its goals since those goals extend beyond mere awareness of the message. As described in the objectives set by the Department of Mental Health, communication designed to bring the audience to at least the point of an intention to change behavior was required, and reinforcement of media messages via interpersonal channels therefore had to be an integral part of the campaign.

Third, we expected the campaign to take time. A one-month media campaign was designated by the funding agency. This was a relatively short period of time in which to expect significant changes. The research cited here suggested that whatever impact could be made during the short run would occur primarily among the better-educated and more affluent segments of the community.

Fourth, we needed to maximize use of interpersonal communication channels to more fully persuade people to adopt the message of the campaign and incorporate changes in their own lives.

Fifth, community outreach and education activities needed to concentrate on specific activities and techniques which assist individuals to take action regarding their own behavior. By using the Bandura formulation in addition to other work, we could design strategies and materials which would give individuals specific steps they could pursue in improving their social support networks. The self-assessment guide to test an individual's stress and social support levels, described below, was the first step in this effort, as it provided the individual with the means to analyze present behavior.

In addition, we believed each community in California had to "own" the campaign. Through the involvement of local groups and the self-generation of activities, coupled with statewide planning and coordination, we felt we could parlay limited resources into a full-fledged statewide momentum. More importantly, the experience of assuming responsibility for, and adapting the FRIENDS program to local needs would create a richer program with more long-lasting impact. How this happened is described in the next section of this paper.

The FRIENDS CAN BE GOOD MEDICINE Program

The California Department of Mental Health set three objectives for its social support promotion program:

1. to inform California residents about the role supportive relationships can play in protecting health;
2. to encourage people to make more of an investment in their relationships with others;
3. to encourage communities in California to provide ways for their residents to get to know one another.

The program was not intended to provide simplistic recipes for how to make and keep friends. Instead, it sought to encourage Californians to think creatively about their own relationships. This philosophy was clearly evident in the materials developed for use in the campaign.

Public Education Materials

To support the FRIENDS CAN BE GOOD MEDICINE implementation, a variety of print and electronic educational materials had been developed. These materials communicate the link between social support and health, usually in an informative but non-directive way.

These educational resource materials include:

- A 64-page booklet containing poems, stories, exercises, illustrations, etc. to assist people in exploring the role of personal relationships in their lives;
- A self-assessment brochure for people to check their levels of both stress and social support;
- A nine-minute film called Friends, an upbeat presentation of the health message;
- A 24-minute film, Relations, consisting of a series of humorous vignettes, narrated by Ed Asner and featuring improvisational performances by Avery Schreiber, Jack Riley, and Mina Kolb, among others. Relations portrays the paradoxical sides of human relationships, their ironies and difficulties.

  Leader and Audience Guides accompany Relations.
- A Resource Guide for use by trainers in workshop settings;
- A brief informational brochure which contains the health message, printed in both English and Spanish;
- Five slide/tape programs for Latino audiences, each focusing on a different topic about relationships;
- Public Service Announcements for television featuring stars like LeVar Burton, Denise Alexander and Gregory Harrison;
- Taped and hard-copy Public Service Announcements for radio;
- A press kit containing the FRIENDS CAN BE GOOD MEDICINE story and message;
- Posters, bumperstickers and billboards.

Various organizations, both public and private, within California, developed these print and AV products. Most were produced by a professional advertising agency. Two attributes in particular characterize the materials: they were slick and glossy; and they were extremely non-directive, using poems, drama, photography, etc., to evoke their message. These two key characteristics are in direct contrast to the health education materials generally produced by public agencies.

The materials were extremely well received. Many participants across the state considered the materials to be the greatest value of the FRIENDS program:

> The FRIENDS CAN BE GOOD MEDICINE publication (green book) was a quality job, which evidenced a lot of thought and did not insult people's intelligence--it did not talk down to people. They appreciated this and it became a collector's item. It appealed to everyone in some way, and got its message across. Instead of being a dull, institutionalized report, it was a creative, stimulating piece of work.
>
> Doris Hammond, Executive Director
> Mental Health Association
> Desert Area, Riverside County

> I feel that for the presentors the most interesting moments were experiences in the discussion around the video instruments. Relations had a broad response set to every scene. When people shared their differing interpretations of the scene, the other participants really listened and learned that we all truly interpret situations with quite a bit of variance. I feel this really opened up some eyes and these participants will be less apt to take things for granted, especially in the area of interpersonal concerns.
>
> Clarence J. Dibble, Health Educator
> Los Angeles County Mental Health

Planning for a Statewide Campaign

Far West Laboratory planned a coordinated two-pronged promotion strategy. One prong addressed the need to communicate the health fact alone to large numbers of Californians through the mass media. The second prong emphasized community education and outreach to provide community leaders, human service providers and others with a greater in-depth knowledge of the topic.

Far West Laboratory divided the State into six major media regions: San Diego, Southern California, Central Valley, Central Coast, Sacramento and North State. (See Figure 3) Within each region, local Steering Committees of community leaders would be established to plan and implement the

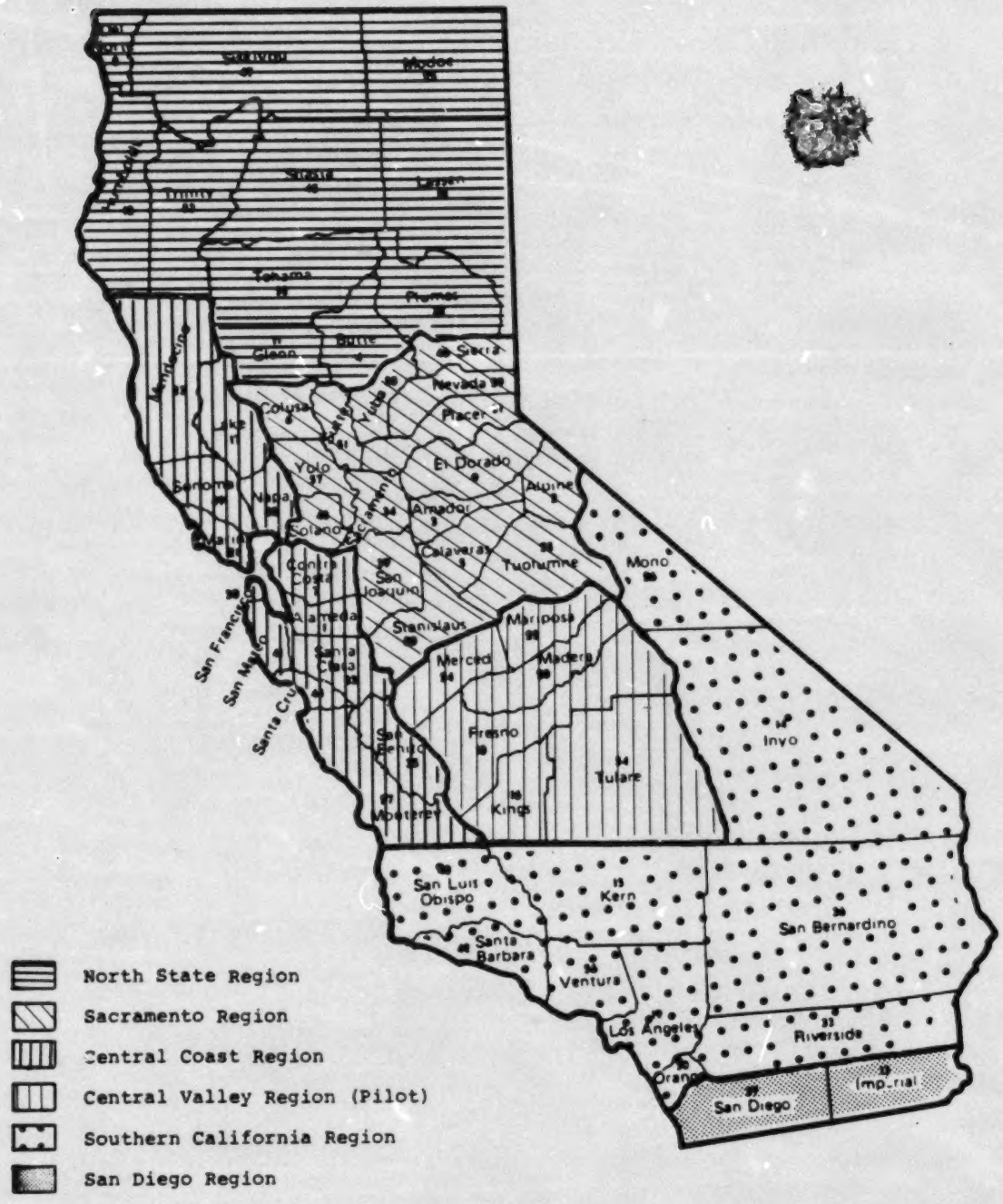

Figure 3.

County Map with Regions Delineated

FRIENDS program as it fit into their community's unique situation and needs. The Central Valley (Fresno) region was designated for a pilot test of the approach.

Thus the FRIENDS program was to be a "community-driven" effort. Far West Laboratory provided one to two coordinators within each region to serve as catalysts for the local community, coordinate and broker local resources, and to channel materials from Sacramento to the local level.

The pilot test of the FRIENDS CAN BE GOOD MEDICINE materials and approach was conducted in six counties in the San Joaquin Valley around Fresno between October 15-November 15, 1981. A local Steering Committee, composed of representatives from county mental health departments, mental health associations, a community hospital, local school systems, a college and health agency, came together in July, 1981, to begin planning the Fresno FRIENDS campaign.

Among the activities conducted in Fresno were three workshops in late September. These workshops trained human service providers in the research behind the project and the media materials available. In turn, each workshop participant committed to conducting one or more FRIENDS activities in the community.

An independent evaluation of the pilot was conducted by Kappa Systems, Inc., Arlington, Virginia. Their findings are presented in some detail in a later section of this paper. Generally, they concluded: "It resulted in widespread dissemination of educational materials; it had measurable impact on individuals; and it was conducted in such a way as to build the capacity and willingness of individuals and organizations to participate in further health promotion activities."

Since the Fresno pilot test indicated that the mass media/community education approach worked, planning moved ahead early in 1982 for a state-

wide campaign in May. May was selected because it is National Mental Health Month.

Within each of the remaining five regions of California, regional coordinators established community Steering Committees. Some Steering Committees were organized at the county level, some covered two counties and some were multi-county committees with smaller sub-regional satellite committees.

Community Education and Outreach

Because the training workshops had proved particularly effective in the pilot, Far West Laboratory organized a series of preparation sessions across the State. These sessions were intended to train Steering Committee members and others in how to conduct a FRIENDS CAN BE GOOD MEDICINE training workshop in their area. Participants in these local training workshops were asked in turn to commit to conducting one or more activities for FRIENDS. In this way, a cadre of trained leaders with in-depth knowledge of the project and the motivation to communicate the FRIENDS message to others was built.

These workshops addressed the research supporting the project, the concept behind the message, and the use of the program materials. On a scale of 1-10 where 10 was the highest, the rating for usefulness of the workshop was 9.3.

Far West Laboratory trained 143 workshop leaders in the preparation sessions. These leaders in turn trained over 1500 individuals in local workshops.

Over 90% of the FRIENDS CAN BE GOOD MEDICINE implementation was carried out by hundreds of dedicated volunteers across the state, particularly those who attended a training workshop. These "volunteers" included community

leaders, mental health specialists, clergy, educators, businesspeople, and others who planned, organized and implemented community education, outreach and media activities in their own community.

Response to the FRIENDS message was nothing short of phenomenal. Activities planned and implemented by local Steering Committees were extremely creative:

- A float was prepared by the Tehama County Mental Health Department for the annual Red Bluff Roundup Parade (it won first prize!);
- Materials were used in officer training by the Oceanside Police Department;
- A FRIENDS CAN BE GOOD MEDICINE weekend was designated at Marriott's Great America, Santa Clara;
- A "Meet Your Friends Day" was organized at senior hotels in San Francisco's Tenderloin District;
- Health fairs, community presentations, and poster contests in the schools featured the FRIENDS message and materials.

All in all, well over 1400 activities directly involving some 74,000 California residents were reported between March and June. Since many activities occurred but were unreported, the actual number of FRIENDS events is probably much higher.

Mass Media

Media coverage of the FRIENDS message was extensive. Public Service Announcements aired on approximately two-thirds of California's television stations, and on 85% of radio stations. PSA's were thus broadcast to a minimum of 200,000 Californians. This donation of media time represents a total contribution of approximately $330,500 from the broadcasting community.

The news media were also receptive to the FRIENDS CAN BE GOOD MEDICINE story. A series of regional press conferences were held simultaneously on April 29, 1982 in Sacramento, San Francisco, Los Angeles, San Diego and

Monterey. The intention of the press conference was to kick off the program by discussing the research findings, the nature of the message and the community activities that were planned. In some communities, FRIENDS CAN BE GOOD MEDICINE Month was proclaimed during the press conference by local public officials.

Although coverage of the press conferences was light, the story of FRIENDS built in momentum in the media during the month of May. Over 58 radio and television news and talk shows were recorded in May alone, including a national broadcast on the NBC Today show with Dr. Robert Taylor from the Department of Mental Health, and an episode of the nationally-syndicated Richard Simmons Show.

Print media also picked up the FRIENDS story. UPI devoted a feature to the campaign; AIRCAL Magazine highlighted the program in their June issue; a nationally-syndicated newspaper column, "Options," described FRIENDS; and the May issue of Los Angeles Magazine contained a story on the FRIENDS message, later reprinted in some newspapers across the state.

Many smaller newspapers across California covered the FRIENDS story as it was happening in their local areas. In all, 204 newspaper articles told the public about FRIENDS and its activities. Estimating conservatively, these articles reached approximately 1,504,000 Californians during May and June.

Coupling electronic media coverage of the FRIENDS message, including PSA's, with the print coverage, an estimated 5,191,330 Californian's were exposed to the FRIENDS message. Combining media with community education activities, approximately 5,690,957 people were reached.

Involving the Private Sector

Initially, planning for the FRIENDS program included extensive involvement from California's business community to underwrite the cost of project activities, thereby extending the limited resources of the state. Inadequate preparation time, and general hesitancy from Steering Committees to approach businesses for funds when other community resources were in need precluded this effort.

Despite a lack of centralized underwriting, however, California businesses did support the FRIENDS program in innovative ways:

- Safeway Stores, Inc., published FRIENDS CAN BE GOOD MEDICINE on their shopping bags;
- McColl's Dairy communicated the FRIENDS message on milk cartons in the North State;
- Marriott's Great American sponsored FRIENDS CAN BE GOOD MEDICINE Weekend and sent Bugs and Sylvester to visit the hospitalized children at Valley Medical Center;
- San Francisco Chamber of Commerce sponsored training workshops;
- BART (Bay Area Rapid Transit) ran the FRIENDS message on their electronic billboards;
- Red Bluff Merchants Association conducted "FRIENDS" Day in their community;
- Martin Outdoor, Inc. and National Advertising donated billboard space to FRIENDS;
- Radio and TV stations across the state which donated time for Public Service Announcements.

The total business contribution to the FRIENDS campaign exceeded $700,000 in donated space, time and materials.

Evaluation of the Friends Strategy

Although funding restrictions precluded an independent evaluation of the statewide FRIENDS program, much can be learned from the evaluation of the pilot campaign conducted by Kappa Systems, Inc., since it confirmed the utility of the pilot strategy which was then used across the state. Kappa Systems' evaluation included a pre- and post-campaign telephone survey of 891 interviews with a random sample of 551 respondents throughout the six-county area around Fresno, and a detailed documentation of the implementation process.

The telephone survey was designed to assess the impact of campaign messages in changing health beliefs, attitudes, intentions and actual behavior. Analysis of the results revealed that among individuals who had seen the materials or had attended a meeting or workshop about relationships, the campaign significantly affected these outcomes:

- Almost three-quarters of the sample agreed with the health message after the campaign, compared to 64% before the program (+9%).
- Almost two-thirds attached a high importance to friendship after the pilot, compared to just one-half (51%) before the pilot (+14%).
- Almost two-thirds (65%) planned to increase their activities with friends after the campaign, compared to only one-half who had done so the month before (+15%).

These findings seem quite remarkable in view of the very short time period of the campaign and were contrary to all expectations by Far West Laboratory and the Department of Mental Health. Even more startling are the results of a follow-up study conducted by Kappa one year later. The gains seen in the pilot area in health belief, attitude and intentions held twelve months after the campaign at a statistically significant level, although the percentages were slightly lower. Equally surprising, there

was an increase in reporting about supportive behaviors, particularly on a measure dealing with the degree to which respondents share feelings with family and friends.

Kappa also conducted a small-scale survey among residents in San Diego and Red Bluff, California (North State) after the statewide campaign. Although their analyses were not yet complete at the time this paper is being prepared, there is some evidence that results from the pilot may be generalized to other parts of the state.

Discussion

FRIENDS CAN BE GOOD MEDICINE achieved its goals of communicating an important health fact to millions of Californians--almost one out of four. It changed some people's lives and it made thousands think again about their relationships with others.

A few lessons from the FRIENDS program are particularly instructive. For example, involving a variety of community organizations in planning a major public information effort takes time. Work on the statewide implementation of FRIENDS could not begin until mid-January, 1982. Most Steering Committees did not meet for the first time until March, leaving only six to eight weeks to accomplish a great deal of work. Lack of planning time was the single most frequent drawback to the program mentioned by individuals who served on Steering Committees or as trainers.

Most communities embraced the FRIENDS program as useful and worthwhile. While many mental health professionals found the emphasis on prevention a welcome breakthrough which allowed them to present "Mental Health" in a positive light, some mental health professionals regarded FRIENDS as an inapproprate expenditure of money.

Also, while the print and electronic materials were well-received, many participants in the project pointed out the limitations of the available materials. More bilingual materials, particularly Spanish and one or more of the Asian languages, would have been particularly useful in California. Other participants suggested more materials for children for use in the schools and with youth groups.

Finally, while overall media penetration was satisfactory, press coverage could have been improved had there been a hard news story. For example, release of a major new study identifying a link between social support and health status would have provided a timely newspeg for the FRIENDS story.

The program had some unexpected impacts. For example, communities came together to work on a common goal:

> The program brought together not only the Shasta County Mental Health Committee, but other organizations in Shasta County which play an important part in overall assistance to those in need.
>
> Bessie Sanders, Chair
> Shasta County Mental Health
> Advisory Board

> It gave the other agencies and organizations a program of mental health impact to continue with...it trained others to follow through, thus adding to the skills of key persons in the community.
>
> JoAnn Damron, MA
> Chief Outreach Program
> Riverside County

> I do want to communicate a bit about process in our Steering Committee. At the beginning, many of us had not worked together; some were total strangers. All were strong, competent individuals, all chiefs, and no Indians. The going could have been rough, except for a conscious and spoken goal that we wanted our relationships to be constructive and reflect the nature of the FRIENDS program that we were sharing. Exactly that has happened...All in all, I can't say enough for FRIENDS CAN BE GOOD MEDICINE. The effect will thread its way into our community pattern in a very important way. Thank you!
>
> Audrey Switzer, Project Coordinator
> Department of Health, Monterey County

The FRIENDS program also demonstrated the importance of prevention and health education to mental health communities.

> After several years of working in the mental health field trying to provide some kind of quality information for the prevention of mental and emotional difficulties or promotion of well-being (usually feeling ineffectual), it's a pleasure to have a program to present to the community that deals with one of the basic ingredients for a happy, healthy life. It's also of value in that it encourages people to take responsibility for their well-being in such a positive way. On a lesser level (but important), the FRIENDS program is one of the few things coming out of "Mental Health" that the community perceives as positive (instead of painful).
>
> Max George
> Mental Health Education
> Butte County
> Mental Health Services

> The greatest value of the program...the coordination with local outreach efforts for the purposes of prevention of mental illness and the promotion of mental well being. (Ordinarily, prevention is not a priority and local communities are seriously deprived of information, educational services which foster mental health.) Preventive services are not funded and are not ordinarily available to local communities...services focus on identifying the mentally ill and treatment. This tends to the problems of a very small percentage of the general population. The FRIENDS approach provided a mental wellness and prevention model which can benefit the public at large.
>
> Martha Arce, RN, MN
> State Department of Mental Health
> Los Angeles Service Area

Generally, FRIENDS CAN BE GOOD MEDICINE was a very positive experience for the people associated with it:

> It was a positive, uplifting, fun project to be involved in, in an otherwise depressing time in mental health services. It established positive connections and networking between various agencies in the community.
>
> Jack N. Peuler, L.C.S.W.
> Director, Crisis Services
> Santa Cruz County Mental
> Health Services

The FRIENDS project was being run during a time of numerous layoffs in the county--I personally observed people reaching out during this time of high stress to those they normally would not have called upon--the timing was perfect for FRIENDS.

Lois Bookman
FRIENDS Coordinator
Santa Clara Mental Health

It ended too soon. It's like getting a big double dip ice cream cone and time is up before you can get the second lick.

Dorsa S. Rogers
Executive Director
Family Planning, Inc.
Shasta County

We who designed, planned and implemented the FRIENDS CAN BE GOOD MEDICINE program can most easily point to three key factors which made the campaign both fun and effective. First, the materials developed on behalf of the California Department of Mental Health were generally superb: they excited the imagination both visually and in terms of their content. They were evocative and therefore "dangerous;" they allowed the reader or viewer to soar, to struggle and, often, to confront some private and painful thoughts. These were no staid bureaucratic documents.

Secondly, the important role played by interpersonal communication through community education training workshops and community outreach activities cannot be over-emphasized. As previous public communication campaigns have repeatedly shown, the mass media alone can only inform the public; rarely can they change a person's opinion, attitude or behavior. By building extensive educational experiences into the program--and trusting laypeople as well as human service providers to understand and disseminate the message--we were able to overcome many of the limitations experienced by other campaign efforts.

And finally, we feel the strategy of encouraging communities to "own" the campaign was a vital ingredient in the overall success of the program.

Again, there is an element of risk inherent in this approach as some communities will simply not be interested. In those cases, major market media placement of Public Service Announcements coupled with some statewide planning can provide for at least exposure to the campaign message for area residents. More communities are interested than not, however, and involvement of local individuals in leadership roles allows the opportunity to exploit local strengths and respond to local needs. It also permits acceptance of the message by local residents more readily than when the message is seen as one originating in Sacramento (or Washington, D.C.).

Each of these three key components involved considerable risk to the funding agency. The steadfast refusal of the Mental Health Promotion Branch within the California Department of Mental Health to play it safe or to play it simple at any step along the campaign development, planning and implementation process resulted in a rich and textured public education initiative which achieved its objectives in a very satisfying way.

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APPENDIX A

Social Support and Health Literature

Summary of Social Support Literature

Social support is "a voluntary, interpersonal exchange of resources between or among people. These resources can be tangible or intangible... in short, it's what people do with and for each other." (Taylor, 1982) The notion of reciprocity or mutual help should be emphasized for social support to function in a healthy way.

Research on social support can be grouped in four categories:

Comparative Health Statistics
Social Support and Stress
Epidemiological Studies
Psychosomatic Studies

Comparative health statistics. Many recent studies support the idea that there are psychological and sociological as well as physical factors that influence a person's vulnerability to disease and death. Investigators have consistently found that people who are connected with others--both women and men--live longer than single people in every age and ethnic/racial group, and across all diseases.

A study published in 1970 by Carter and Glick used data from the National Center for Health Statistics on all deaths in the United States between 1959-71. They showed that deaths for people aged 15-64 ("premature deaths") in women and men, white and nonwhite who were single, divorced or widowed were significantly higher in married men and women. In the same study, Carter and Glick reported that differential rates of mental hospitalization for single versus married women and men showed the same pattern.

A recently-completed 10-year study at the University of Michigan followed 2,754 adults to determine whether a person's social network affects physical health. Their findings showed that those with the fewest social

contacts had 2-4 times the mortality rate of the well-connected. (House, in press, reported in Syme, 1982)

A population that seems to be at risk is recently widowed persons. Studies have shown excessive mortality among the widowed when compared to married populations; mortality is especially high during the first six months after the death of a spouse. (Parkes, 1972)

The importance of social support is strikingly illustrated in an examination of the data from the Hammond Report, which explored the smoking habits of men in the United States. Morowitz (1975) discovered that premature death rates for single, widowed and divorced men were higher than for married men for both smokers and nonsmokers. The death rate was highest for single smokers. However, the figure for divorced (single) non-smokers is only slightly lower than for married smokers, underlining the strength of the factor of marital status.

It is important to note that although earlier studies (such as Carter and Glick) used marital status as the sole indicator of support, current researchers recognize relationships other than marriage as important potential sources of support.

Social support and stress. Much of the research on social support centers on the buffering role it seems to play with stress. Close, confiding personal relationships have been found to reduce or buffer the stress connected with major life-change events, both positive and negative, as well as with the cumulative effect of daily hassles. Most studies confirm that the quality of relationships is more important in this respect than the number of relationships a person has.

Many researchers have found that lack of support in the presence of stressful life events is related to depression, negative morale, and

symptoms of mental illness. (Schaefer, Coyne and Lazarus, 1982; Lin et al., 1979) In one study, women who experienced severe life events and did not have a confidant were ten times more likely to be depressed than women with the same level of stressful life events but who had a confidant. (Brown et al., 1975)

One life event that causes major stress is loss of employment. Gore (1978) investigated whether support from friends and family ameliorated mental and physical symptoms of stress from job loss. She found that those men who perceived themselves as supported showed significantly fewer symptoms of illness and depression and had lower elevations in measures of cholesterol than men who felt unsupported.

Pregnancy is another major life event. A frequently-cited study (Nuckolls, 1972) reported that women who had complications during their pregnancy experienced both stressful life events (in addition to being pregnant) and little perceived support. Women who were experiencing comparable stress but perceived themselves as supported by friends and family did not undergo complications during their pregnancy.

Epidemiological studies. Several naturalistic epidemiological studies examine the relationship of social structure and culture to morbidity and mortality. Consensus among these studies is that social ties and identification with a stable and secure social structure have a remarkable influence on the incidence of heart disease, disease and death.

The most interesting of these studies was a twenty-year record of the town of Roseto, Pennsylvania. (Wolf and Goodell, 1976) Twenty years ago, residents of Roseto had one-third the incidence of heart disease as surrounding communities, and admission to mental hospitals was less than half that of surrounding communities. Except in one respect, lifestyle factors--such

as diet, smoking, exercise, rest--were the same for Roseto residents as for surrounding communities. The major difference was the stability of the community and the family structure; Rosetoans were largely Italian and families formed clans through intermarriage. In the 1960's, Roseto lifestyle began to shift toward the mainstream of American life (i.e., competition for status and possessions, divorce, etc.). Beginning in 1966, there was an increase in the death rate from heart attack, and by 1975 Roseto's heart attack rate matched that of neighboring communities. The presence or absence of close, supportive family and community ties seems to have made the difference in the health of Rosetoans.

A major cross-cultural study indicated that difference in occurrence of coronary heart disease among men of Japanese descent in Japan, Hawaii, and California was accounted for by adherence to a traditional Japanese lifestyle--i.e., strong supportive ties within a definite social structure. Incidence of heart disease was lowest for men living in Japan, and highest for those living in California who had taken on a more Western lifestyle. (Marmot and Syme, 1976)

Psychosomatic studies. Many researchers have studied the relationship between mental attitude and vulnerability to disease. Some factors related to longevity include feelings of control over one's life or environment, positive expectations, and a general sense of direction or purpose to one's life. Some researchers believe that social support promotes these feelings of coherence, control, and overall positivity.

The hypothesis that individuals who feel they have some control over their environment fare better physically than those who are dependent on others and have no responsibilities was tested with nursing home residents. (Langer and Rodin, 1976) Residents were matched for socioeconomic level,

physical and psychological health status and divided into two groups. Individuals in one group were given a plant and made responsible for its care. Those in the other group were given a plant and told it would be cared for by the nursing staff. Eighteen months later, the "responsibility enhanced" group showed a mortality rate that was half that of the control group.

Even with terminally ill people, the sense of support with others and reinforcement of positive will has had an effect. The use of guided imagery and small-group process influenced the progress of cancer in approximately 160 terminal patients in Texas. Patients who were involved in the study showed a doubling of life expectancy over the national average for terminal cancer, as well as a maintenance of quality of life. (Simonton et al., 1978)

Other studies investigate the relationship between psychological loss, stress and physical illness, and the body's immune system. Life settings in which people fall ill often include a period of psychological disturbance or loss just prior to becoming ill. Often they have experienced a loss e.g., a loss of a relative or spouse, or of a job, and feel helplessness or hopelessness; a depreciated image of the self; a sense of loss in gratification from relationships or roles in life; a feeling of disruption in the continuity between past, present and future; and a reactivitation of memories of earlier periods of giving up. (Engel, 1968) Laboratory studies support these investigations by findings that stress and emotional distress have an influence on the body's immune system, increasing their susceptibility to illness. (Solomon et al., 1974)

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